

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214554204

1.) CORPORATION NAME:

CREDIT UNION MORTGAGE ASSOCIATION, INC.DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ANDREW G BURY JR
40 CROSS ST 3RD FL
PO BOX 386**SCC ID NO: **F0347544**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

URBANNA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MIDDLESEX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10800 MAIN ST

CITY/ST/ZIP: FAIRFAX, VA 22030

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SCOTT TOLER
TITLE: P/CEO
ADDRESS: 8254 ANDREW FOREST WAY
CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039

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OFFICER

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DIRECTOR

NAME: JERRY NEUFANG
TITLE: EXEC VP
ADDRESS: 22 WINNING COLORS RD
CITY/ST/ZIP/CO: STAFFORD, VA 22554

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OFFICER

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DIRECTOR

NAME: WILLIAM YARBOROUGH
TITLE: TREASURER
ADDRESS: 5270 DUKE ST #409
CITY/ST/ZIP/CO: ALEX, VA 22304

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OFFICER

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DIRECTOR

NAME: DOUGLAS ALLMAN
TITLE: CHAIRMAN
ADDRESS: 3540 FOXHALL DR
CITY/ST/ZIP/CO: DAVIDSONVILLE, MD 20135

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OFFICER

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DIRECTOR

NAME: LARRY KELLY
TITLE: SECRETARY
ADDRESS: 6215 SYDNEY RD
CITY/ST/ZIP/CO: FAIRFAX STATION, VA 22039

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OFFICER

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DIRECTOR

NAME: KATHY GEARY
TITLE: VICE CHAIRMAN
ADDRESS: 1412 N MEADE ST
CITY/ST/ZIP/CO: ARLINGTON, VA 22209

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OFFICER

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DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLOS CALDERON DIRECTOR 1652 LASALLE AVE MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANNY GREGG DIRECTOR 5257 FERRY BRANCH LANE LOTHIAN, MD 20711	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY KELLY DIRECTOR 6215 SYDNEY RD FAIRFAX STATION, VA 22039	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES MALLON DIRECTOR 13220 MCCARTNEY CT BRISTOW, VA 20136	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH THOMAS DIRECTOR 47563 COLDSPRINGS PL STERLING, VA 20165	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JERRY NEUFANG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JERRY NEUFANG, EXEC VP PRINTED NAME AND CORPORATE TITLE	12/29/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			